Miami County Health Department

Birth Certificate Request Form

Identification is required!!!

(Send a photocopy of your driver's license if being mailed.)

No birth certificate issued without proper I.D.

Full Name at Birth:				
First		Middle		Last
Date of Birth:				
Month	Day	Year		
Were parents married at	the time of Birth?	Yes or No	(please circle)	
Born in: Hospital or at H	ome (please circle)	Your Relation	nship to Applicant:	
Has applicant been adopt	ed: Yes or No	O (please circle	e)	
Full Name of Father:				
State of Birth:	adopted, please give	e adopted Fathe	r's name)	
Full Name of Mother, inc	lude maiden name:		d, please give adopte	d Mathar's name)
State of Birth:		(ir adopted	a, piease give adopte	a Mother's name)
Today's Date:				
Your Signature:		Telephone:		
Address:				
Street	City		State	Zipcode
Purpose for which record	is to be use:			
If this birth could be reco	rded under any oth	ner name, plea	se state:	
			•	copy of your driver's license of Health and send along with
Miami County Health Depar Attn: Registrar	tment			

WE DO NOT ACCEPT PERSONAL CHECKS!!!!

35 Court Street Peru, Indiana 46970

Certified birth certificates are issued to the individual named on the record if over 21, their parents, grandparents, brother, sister, spouse, children or guardian with proper documentation. **Warning: False application, altering, mutilating or counterfeiting Indiana birth certificates is a criminal offense under I.C. 16-39-1-12.